

**APPLICATION TO DHFS EXCEPTIONS PANEL FOR
EXCEPTION TO CH. HFS 56 OR CH. HFS 38
(FOSTER HOME/TREATMENT FOSTER HOME LICENSING)**

Foster Home Applicant/Licensee

Name - Foster Home/Treatment Foster Home Applicant/Licensee		
Complete Address - Applicant/Licensee		
Phone Number - Home	Phone Number - Work	Fax Number

Rule Citation(s) for Which Exception is Requested:

Rationale for Each Request (use back of sheet if necessary):

This Exception Has Been Granted to Me Previously: ☐ Yes ☐ No

Explanation of Alternative Provisions for Each Request (use back of sheet, if necessary):

SIGNATURE: Applicant/Licensee

Date Signed

Name of Licensing Agency: _____

Name of Agency Representative: _____

Phone Number: _____

If Recommendation of Licensing Agency Is:

- ☐ Approve Application As Is
☐ Approve Licensing Agency Alternative

Forward to DHFS Exceptions Panel

If approved, for what time period?

- ☐ Current licensure
☐ _____ to _____

☐ Deny Request

Describe the alternative on the back of this form and forward to DHFS Exceptions Panel

Return to Foster Home Applicant/Licensee and do not forward to the DHFS Exceptions Panel

SIGNATURE: Agency Representative

Date Signed

Decision of DHFS Exceptions Panel: ☐ Approve Application As Is ☐ Approve Licensing Agency Alternative ☐ Deny Request
☐ Does Not Require DHFS Exceptions Panel Approval

Comments:

SIGNATURE: Panel Chairperson

Date Signed

The approved exception is granted for the period of: ☐ Current licensure ☐ _____ to _____

Submit form to: DHFS Exceptions Panel, DHFS/DCFS/BPP, P.O. Box 8916, Madison, WI 53708-8916